

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

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NAME (LAST)	(FIRST)	(MIDD	LE)	DAYTIME TELEPHONE NUMBER
Wade II	William	Н.		(916) 854-3500
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
9800 Goethe Road, Box 10	Sacramento	CA	95827-3561	
1. Office, Agency, or Cour	t	4. Schedu	le Summar	V
Name of Office, Agency, or Court:		► Total numb		,
Military Department	-		his cover page	:
Division, Board, District, if applicable	e:	► Check appli	icable schedule	es or "No reportable
California National Guard	,	interests."		
Your Position:		I have disclosed interests on one or more of the attached schedules:		
Adjutant General				hedule attached
If filing for multiple positions, list a position(s): (Attach a separate s	additional agency(ies)/ sheet if necessary.)	Investments (Less than 10% Owner	rship)
Agency:		Schedule A- Investments (2 Yes – so 10% or Greater Owne	hedule attached
Position:		Schedule B Real Property	☐ Yes – sc	hedule attached
2 1-1-1-11-11-11-11-11-11-11-11-11-11-11-		Schedule C	✓ Yes – sc	hedule attached
2. Jurisdiction of Office (Ch	neck at least one box)	Income, Loans and Travel Payme	s, & Business Pos ents)	sitions (Income Other than Gifts
ズ State		Schedule D	⊠ Yes – scl	nedule attached
County of		Income – Gifts		Todals stadiled
City of		Schedule E		nedule attached
Multi-County		Income – Gifts	- Travel Paymer	nts
Other			-or-	
. Type of Statement (Check	(at least one box)	☐ No reporta	able interests or	any schedule
¬ •				
Annual: The period covered is Ja		5. Verification	n	
through December 31, 2009.	nuary 1, 2009,	I have used al	l reasonable d	diligence in preparing this
-or-		statement. I ha	ve reviewed this	s statement and to the best contained herein and in any
O The period covered is/, through December 31, 2009.		attached schedu	les is true and	complete.
Leaving Office Date Left: 2 /_ (Check one)	4 , 10	I certify under pe of California tha	enalty of perjury at the foregoin	g is true and correct.
The period covered is January date of leaving office.	1, 2009, through the	Date Signed	02/05	5/10
-or-			· / (mo	nth dav. vear)
O The period covered is/_ the date of leaving office.	/, through	Signature	ha asista u	statement with your filing official.)
Candidate Election Year:				statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
William H. Wade II

Do not attach brokerage or financial statements.

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
FLEXTRONICS INTERNATIONAL, LTD	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
RESEARCH AND DEVELOPMENT	
FAIR MARKET VALUE	FAIR MARKET VALUE
≥ \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	
Stock ☐ Other	NATURE OF INVESTMENT Stock Other
Partnership O Income of \$0 - \$500	(Describe)
O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
	(Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	// 09 / / 09
ACQUIRED DISPOSED	/
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
SILICON LAB, INC	The state of bosiness entity
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
DECEADOU AND DEVEL CONTENT	The second right of Bosiness Activity
RESEARCH AND DEVELOPMENT	
FAIR MARKET VALUE	FAIR MARKET VALUE
★ \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock ☐ Other(Describe)	Stock Other
Partnership O Income of \$0 - \$500	(Describe) Partnership O Income of \$0 - \$500
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF DURING A
4	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	CENERAL DECORPTION OF THE PROPERTY OF THE PROP
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	NATURE OF INVESTMENT Stock Other
Partnership O Income of \$0 - \$500	(Describe)
O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
	O income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
I.	I manufacture de la company
Comments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

	ORNIA FORM 700 ITICAL PRACTICES COMMISSION
Name	
	William H. Wade II

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
CROSSFIELD DEVELOPMENT, INC	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
8640 Auburn-Folsom Road, Granite Bay, CA 95746	and the second s
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Development and Child Care	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Director of Operations	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
X \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of	500 000 1 0000 000 0000 0000 0000 0000
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	☐ Commission or ☐ Rental Income, list each source of \$10,000 or more
Other(Describe)	Other
((Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
* You are not required to report loans from commercial of a retail installment or credit card transaction, made	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (D.	% None
ADDRESS (Business Address Acceptable)	None
DUCINICSC ACTIVITY IN THE PROPERTY OF THE PROP	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property
S500 - \$1,000	Silver address
S1,001 - \$10,000	City
<u> </u>	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	
35 150 W	

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

▶ NAME OF SOURCE	NAME OF SOURCE		
Governor Schwarzenegger	NAME OF SOURCE		
ADDRESS (Business Address Acceptable)	Laurie Clark ADDRESS (Business Address Acceptable)		
California State Capitol	D1 # 0.7 mm (C1 C1 C		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	JFHQ - 9800 Goethe Road, Sacramento, CA 95827 BUSINESS ACTIVITY, IF ANY, OF SOURCE		
State Government	The state of the s		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	California National Guard		
	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
2 5 09 s 50.00 Tie	01 , 23 , 10 s 5.57 Picture frame		
12 , 25 , 09 s 38.00 Popcorn Tin	s		
12 , 25 , 09 s 85.00 California Flag			
NAME OF SOURCE	▶ NAME OF SOURCE		
CSM Jose Gomez	BG Kevin Ellsworth		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
JFHQ - 9800 Goethe Road, Sacramento, CA 95827	JFHQ - 9800 Goethe Road, Sacramento, CA 95827		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
California National Guard	California National Guard		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
01 , 23 , 10	01 , 23 , 10 s 20.00 Apron		
\$			
NAME OF SOURCE	▶ NAME OF SOURCE		
Maj Gen Dennis Lucas	Karen Jones		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
JFHQ - 9800 Goethe Road, Sacramento, CA 95827	16010 N. 28th Ave Phoenix AZ 95053		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
California National Guard	TriWest		
ATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
01 , 23 , 10 s 146.50 Bottle of scotch	01 , 23 , 10 s 25.00 Book		
s			
mments:			